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CONFIRMATION NO. 2506

<b>SERIAL NUMBER</b> 10/780,843	<b>FILING OR 371(c) DATE</b> 02/18/2004 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2616	<b>ATTORNEY DOCKET NO.</b> 160-039
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## APPLICANTS

Floyd Backes, Sharon, NH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/449,602 02/24/2003 and claims benefit of 60/466,448 04/29/2003  
 and claims benefit of 60/472,320 05/21/2003  
 and claims benefit of 60/472,239 05/21/2003

yes N.N

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NINE N.N

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/10/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 62	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

34845

## TITLE

Wireless access point protocol method

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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